

**Best Available Copy**

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	19	1/30/84
EXAMINER	MD3030	2-12-84
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

**INDEX OF CLAIMS**

Claim	Date
1	
2	1/27/84
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SYMBOLS	
✓	Rejected
-	Allowed
— (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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